



Personal
Financial Disclosure
Electronic Filing Access Code

Georgia Government Transparency and Campaign Finance Commission

200 Piedmont Avenue

Suite 1402 - West Tower

Atlanta, GA 30334

PERSONAL IDENTIFICATION NUMBER APPLICATION

(** All Fields must be completed and legible in order to process application **)

Filer's Identification - Please Print

Application Status _____

Filer's Name _____

Address _____

City, State, Zip _____

Telephone (Office) _____

Telephone (Home) _____

Email Address _____

Name of Public Office Held or Sought/Authority/Board _____

I understand this confidential PIN number is assigned to the above filer and only the State Ethics Commission staff and the listed filer will have access to this confidential number.

Verification - Must Be Notarized

State of _____, County of _____.

FILER: I, the undersigned filer do hereby swear or affirm that the information in this application is complete, true, and correct to the best of my knowledge and belief. I acknowledge that any report I submit electronically in the future I shall verify as complete, true, and correct to the best of my knowledge and belief.

SIGNATURE OF FILER: _____

NOTARY PUBLIC (sign name): _____

PRINT NOTARY'S NAME: _____

My Commission expires: _____

This document was sworn to or affirmed and subscribed before me on _____, 20____

For Office Use Only

FilerID: _____

Approved By _____

Date _____